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Doctor to Doctor: A Note from Dr. Schenk

At BlueCross BlueShield of Western New York, it’s ProviderFirst!

You spoke. We listened.

In response to your feedback, effective February 1, 2017, preauthorization requirements for more than 200 services across 20 medical protocols were removed. Affected services will be covered in accordance with a member’s specific contract benefits.

This change in process is part of our ProviderFirst initiative, an ongoing approach to meaningful engagement, effective communication, and stronger partnership.

To view the complete list of affected codes, visit bcbswny.com/medpro. Code & Comment and Medical Protocols will be updated monthly on our website, so please check back often.

Thank you for caring for our members.

Sincerely,

Thomas Schenk, M.D.
Senior Vice President, Chief Medical Officer

Updated Drug Therapy Guidelines

Updated drug therapy guidelines are available on our provider website. Go to: Policies & Guidelines > DrugTherapy Guidelines.

These updates are a result of the annual review and new drug evaluations performed quarterly by our Pharmacy and Therapeutics Committee.

Utilization Management Updates

Coverage Decisions Based on Appropriateness of Care

BlueCross BlueShield of Western New York bases medical necessity decisions on the appropriateness of care and services. Coverage decisions are based on the benefits and provisions contained in members’ contracts. BlueCross BlueShield does not reward or offer incentives to practitioners, providers, or staff members for issuing denials or for encouraging inappropriate under-utilization of care.

Discussing an Adverse Determination

Practitioners who would like to discuss a denial decision based on medical necessity with our physician reviewers may do so by calling 1-800-677-3086.

You may also discuss the adverse determination with our physician reviewers at the time you are notified by phone of our determination. You may request the criteria used by Utilization Management to render our decisions by calling the number above or sending a written request to:

BlueCross BlueShield of Western New York
Attn: Utilization Management
PO Box 80
Buffalo, NY 14240-0080

Medical Services Protocol Updates Now on Our Website

Medical protocols that have recently undergone an annual review are now available online. Two new protocols have been added. The effective date of these changes is April 1, 2017, unless otherwise noted.

To view the protocols and cover letters, go to: Policies & Guidelines > Medical Protocols.

- Please note that some of the protocol updates may not pertain to the members to whom you provide care.
- If you need assistance obtaining specific protocol updates, please contact Provider Service.
The Importance of Lead Screening

Lead poisoning is the number one environmental health threat to children in the United States. Today, at least four million households have children who are exposed to lead; half a million children ages one through five have blood lead levels above five micrograms per deciliter (µg/dL), the level at which Centers for Disease Control and Prevention recommends public health actions be initiated. No safe blood lead level in children has been determined.

The most common cause of poisoning is house dust that is contaminated from lead paint. Approximately 85% of all homes built before 1978 contain lead-based paint. The older the house, the more likely it is to contain lead-based paint, and the higher the concentration.

Lead exposure can produce adverse effects on virtually every system in the body. Because lead exposure often occurs with no obvious symptoms, it frequently goes unrecognized.

New York state requires health care providers to test all children for lead at one year of age and again at age two. In addition, at every well child visit up to age six, health care providers must ask parents about any contact their child might have had with lead. If there’s been a chance of contact, providers are required to test for lead again.

For more information, visit [cdc.gov/nceh/lead](http://cdc.gov/nceh/lead).

Did you miss an issue?
Prior editions of the 2007-16 Vital Signs Practitioner Newsletter are still available on the Provider site at [bcbswny.com](http://bcbswny.com).
Annual Medical Record Review for Documentation Standards

Accurate, complete, and legible medical record documentation is essential for delivering high-quality patient care. To improve the adherence and consistency of medical record documentation, we established standards for primary care. In 2016, physician records were reviewed against the existing standards. Pediatric records were evaluated and scored for inclusion of documentation required anticipatory guidance for adolescent well care visits beginning at age 12.

Medical Record Review Results

Overall outcome of both adult and pediatric primary care medical records reviewed throughout 2016 showed variable and inconsistent documentation of essential elements as noted below.

How you can improve documentation:

Include all elements of the standards by documenting the following:

<table>
<thead>
<tr>
<th>Adult Care</th>
<th>Pediatric Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ages 12-18 years</strong></td>
<td><strong>Ages 12-18 years</strong></td>
</tr>
<tr>
<td><strong>Culturally competent care</strong></td>
<td><strong>Culturally competent care</strong></td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td><strong>Nutrition</strong></td>
</tr>
<tr>
<td><strong>Physical activity</strong></td>
<td><strong>Physical activity</strong></td>
</tr>
</tbody>
</table>

**Documentation Tips Regarding Pediatric Well Care**

- Documentation of BMI percentile for children and adolescents is required by the New York State Department of Health and BlueCross BlueShield.
- Adolescent questionnaires, if retained in the paper record, should be signed or initialed by the reviewing provider.
- A statement such as “anticipatory guidance given” is not acceptable. The documentation must include the topics assessed or discussed.
  - Statements such as “assessed for signs and symptoms of depression” or “discussed sexual activity, tobacco, alcohol, drug use, nutrition, physical activity,” are adequate.
- When counseling about physical activity, documentation must reflect the actual activity the child/adolescent engages in, not just the developmental milestones reached.
  - An acceptable statement might be “child rides a tricycle for a total of one hour per day,” or “teen plays soccer three times per week.”
  - Statements with recommendations such as “limiting screen time” or “reduce television time” do not fully meet the intent of the standard.
- Another acceptable option is a checklist method that indicates the topics discussed.

  **Example:**

  Anticipatory guidance topics discussed/assessed as follows:
  - Nutrition
  - Physical activity
  - Risk behaviors/sexual activity
  - Depression
  - Tobacco use
  - Substance use/Alcohol

**Additional medical record documentation tips:**

- Assessment and documentation of body mass index (BMI) for adults and BMI/BMI percentile for children and adolescents must include a height and weight measurement documented during the same year.
- For adults, a signed health care proxy in the medical record is preferable, but a statement in the record by the physician or practitioner concerning a discussion of a proxy and/or advanced directive meets the established documentation standard.

*Continued on page 5*
Documentation of adult immunizations must include the date administered.

- A statement of “up-to-date” does not meet the standard.

Elements of the standards often coincide with specific fields in the electronic medical record (EMR) and are frequently not completed.

- Examples are emergency contact information, marital status or employer information on the demographic screen.

- Your EMR may also calculate BMI and/or BMI percentile-for-age but this function hasn’t been activated or isn’t being used.

Acceptable documentation concerning sexual activity may be addressed with a simple statement such as “sexually active,” “not sexually active,” “monogamous,” etc. Most practitioners are not assessing or documenting this aspect of care.

Appropriate notations concerning assessment of substance use may include a simple statement such as “denies drug use” or “no substance use,” etc.

Culturally competent care can be addressed by documenting language spoken; racial, ethnic, or cultural considerations; the use of an interpreter; or any communication or cultural issues considered in the patient’s care.

Following these tips can help you achieve detailed medical record documentation that reflects the high-quality care you provide.

Copies of the complete Medical Record Documentation Standards are available on our provider website. We review these standards every year and revise them as necessary to reflect national standards and/or recommendations by the New York State Department of Health and the Centers for Medicaid & Medicare Services (CMS).

The Importance of Well Child and Adolescent Visits

The American Academy of Pediatrics (AAP) provides recommendations regarding preventive health care for newborns to 18 years of age. Generally speaking, most newborns should have 6 or more well child visits with their pediatrician or primary care practitioner during their first 15 months of life. Visits should also occur at 18 and 24 months, 3 years of age, and then annually.

Well child visits provide an opportunity for clinicians to identify and address physical, developmental, emotional, social, or other problems that may impede optimal development. Beginning with anticipatory guidance during prenatal care, these visits include vaccinations, developmental and sensory evaluations, evaluation of nutrition and oral health, guidance about parenting, and other preventive services.

For adolescents, a well care visit assesses similar physical, developmental, and social indicators, but also serves as an opportunity to screen for risky behaviors and provide anticipatory guidance and brief counseling. The visit also gives practitioners the opportunity to review the adolescent’s immunizations to ensure they are up to date.

Each child and family is unique; additional visits may be necessary if circumstances suggest variations from normal. Developmental, psychosocial, and chronic disease issues for children and adolescents may require counseling and treatment visits separate from preventive care visits.

Due to their frequency and conflicting information in the media, some parents skip well child visits and immunizations; therefore, it’s necessary to educate parents on the importance of these visits. Patient reminder systems can also assist in identifying under-compliance and help increase preventive care visits.

For additional information and resources, go to brightfutures.aap.org/clinical_practice.
Out-of-Plan Referral Guidelines

Out-of-plan (OOP) referrals should only be requested for BlueCross BlueShield patients when:

The patient is outside their service area and/or

Participating providers in the area cannot provide the necessary services.

Services must be requested by the patient's PCP or participating specialty provider. OOP coverage forms are available on our website. Go to Tools & Resources > Forms.

The following information is required:

- Office notes, consultation reports, diagnostic studies, in-plan provider documentation that supports the need for the patient to be seen by an OOP provider.
- OOP provider name (requesting provider, assistant surgeon, co-surgeon)
- OOP provider address
- OOP provider specialty
- Planned services CPT® codes, if applicable
- OOP provider assistant/co-surgeon information

Definitions:

Non-participating provider: A provider (e.g., facility, vendor, physician, or other clinician) who does not participate with any BlueCross and/or BlueShield plans; claims submitted by a non-participating provider (NPP) will process to the patient's out-of-network (OON) benefit unless an out-of-plan (OOP) referral is on file.

Out-of-Network Provider (OONP): A provider (e.g., facility, vendor, physician, or other clinician) who does not participate with the patient's home plan, but does participate with the BlueCross and/or BlueShield plan in the provider's local area. Unless prohibited by law, claims submitted by an OON provider will process to the patient's OON benefit unless an OOP referral is on file.

Out-of-Network Benefits: Coinsurance, copay, and/or deductible that the patient is financially responsible for when receiving services from a NPP or OON provider. Typically, when a patient uses their OON benefit, they encounter higher out-of-pocket costs.
**Telephone Directory**

<table>
<thead>
<tr>
<th>Service</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Service</td>
<td>1-800-950-0051 or (716) 884-3461 (Traditional)</td>
</tr>
<tr>
<td></td>
<td>1-800-950-0052 or (716) 882-2616 (Managed Care)</td>
</tr>
<tr>
<td></td>
<td>1-877-327-1395 (Government Programs)</td>
</tr>
<tr>
<td>Provider Practice</td>
<td>1-800-666-4627</td>
</tr>
<tr>
<td>Consultant</td>
<td></td>
</tr>
<tr>
<td>Utilization Management</td>
<td>1-800-677-3086 or (716) 884-2942</td>
</tr>
</tbody>
</table>

**Visit the BlueCross BlueShield of Western New York Provider Website**

bcbswny.com

**Search**

- Provider Directory
- Formulary
- Clinical Edits
- Code Resources

**Publications**

- STAT Bulletins
- Quarterly Newsletters
- Corporate Medical Protocols
- Clinical Practice Guidelines
- Drug Therapy Guidelines
- Provider and Facility Reference Manual
- Chiropractic Reference Manual
- Dental Manual

**Fee Schedules**

- Managed Care
- Dental

**Forms**

Library of Downloadable Forms

Note about website links

Links provided in this newsletter to content on the BlueCross BlueShield of Western New York website and third party websites are valid and working at the time of publication.